**New drug for brain stroke patients**

4130. SHRI P. PRABHAKARREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned "New drug given within three hours can help brain stroke patients", which appeared in the *Asian Age*, dated the 23rd March, 2002;

(b) if so, the details thereof and Government's reaction thereto; and

(c) the steps proposed to be taken by Government to make the new drug available on large scale in Government hospitals so that affected patients are in a position to avail the same easily?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes Sir.

(b) and (c) The new drug Tissue Plasminogen Activator (TPA) is a naturally occurring enzyme derived from DNA technology. This new drug is the first proven effective treatment for acute ischamic stroke if given within 3 hours of onset of stroke as it significantly improves long-term outcome in functional disability and neurologic scales. This drug favourably alters the course of disease and improves patient's condition. All India Institute of Medical Sciences has recently started this form of therapy. So far five patients have been treated with good results/ The cost of the drug being very-high its large scale use in Government Hospitals in near future is unlikely.

**WHO report on Non-Communicable Diseases**

4131. SHRI P. PRABHAKARREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether government's attention has been drawn to a study conducted by World Health Organisation according to which non-communicable diseases are emerging as major challenges in large part of the world including India due to a change in life-style, reduced physical activities, dietic habits and use of tobacco:

(b) if so, the details thereof; and

(c) the steps proposed to be taken by Government to give the report of the WHO widest possible publicity to create a sense of health awareness among our people by adopting disease prevention and health promoting measures?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes. Sir.

(b) Brief of the study is given in the Statement *(See* below).

(c) World Health Day on 7th April. 2002 was observed as 'Move for Health' in several parts of India. The objective was to create awareness amongst the population that physical activity in daily life can prevent many non-communicable diseases. A newspaper advertisement was also brought out on this day on theme 'Health Promotion'. Seminars and rallies were organized at State Capitals in Karnataka. Kerala, Andhra Pradesh. Gujarat. West Bengal, Delhi and other places to spread this message. Health Melas are being organized through out the country for creating awareness, prevention and early detection of diseases. A Memorandum of Understanding has been signed with Prasar Bharti and Ministry of Health and Family Welfare for the weekly programme through eight Kendras for the health education of the masses. The programme will have general health messages also besides the focused approach on major programmes.

***Statement***

*Non-Cammunicable Diseases—a Major Global Public Health Problem*

Experts of the World Health Organization (WHO) have expressed their concern over the potential perils of inadequate attention to the prevention of non-communicable diseases (NCDs) both in developed and. especially, in developing countries. Their forewarning came in a recent internal report of the WHO Consultation on the integrated prevention and control of NCDs, which was held in Geneva in December 1995, and brought together experts in non communicable diseases from the Organization's headquarters and regional advisers from the six WHO regional offices covering the entire world.

WHO professisonals stressed that there existed today a discrepancy between the ever-growing burden of the global health economic and social consequences of NCDs, on the one hand, and inadequate attention towards their prevention, particularly in developing countries, on the other hand. The group of major non-communicable diseases, addressed at the consultation, includes cardiovascular diseases, cancer, diabetes, chronic rheumatic and respiratory diseases, oral diseases, and genetic disorders. Most NCDs are associated with economic development (urbanization and changing lifestyles) and ageing.

One glance at available mortality statistics will allow one to grasp the magnitude of the worldwide problem of NCDs, though mortality statistics alone do not provide a full picture of the global, social and economic burden of this group of diseases: Many NCDs cause human suffering for a long time before they kill.

According to WHO estimates, all" NCDs in many cases preventable, account for at least 40% of all deaths in developing countries and 75% in industrialized countries, where cardiovascular diseases (CVDs) are the first cause of mortality and cancer is the third one.

NCDs have a major impact on health economics. Once developed they are costly to treat. According to the American Heart Association, in 1996. CVDs in the U.S.A. will cost US$ 151.3 billion, including medical treatment and lost productivity from disability. Diabetes mellitus alone, which affects some 100 million people worldwide, claims on averrage around 8% of total health budgets in industrialized countries.

*NCDs in Developing Countries*

There is still a widespread misconception that the problem of NCDs is not relevant for the developing world, that it is a burden of affluent societies only. WHO experts say that scientific evidence testifies to the contrary in developing countries, out of a little more than 39 million deaths, which occurred in 1993, more than 10 million were caused by the major NCDs. These statistics do not include deaths due to nutritional gestro-intestinal endocrine, neuro-psychiatric, sense organ, and genitourinary diseases, which account for an additional 3 million deaths in the developing countries each year.

Surveys of indigenous populations in a number of African countries indicated that hypertension rates are on the rise, as is the prevalence of diabetes. In a large percentage of affected individuals both conditions are being left untreated. In Seychelles, hypertension affects 22% of the population; in South Africa—16%; in Mauritius—14%. Diabetes affects from 4 to 15% of the population of the three countries. In Tanzania, the prevalence of major NCDs in the urban population is four limes higher than in the rural one, 12.8% to 3.1% respectively. In Africa as a whole, rheumatic fever and rheumatics heart disease are major causes of premature mortality and account for one third of all cardiac diseases admitted to hospitals. In addition, recent studies make it possible to suggest that about 14% of the African population have a sickle cell gene, which considerably increases their chances of having children with this disorder.

In Latin America, NCDs are on a steady increase. In Chili, for example, CVDs, cancer and diabetes are responsible for 27.4%, 18.2% and 1.8% respectively of all deaths occuring in this country. In Cuba, hypertension prevalence in men and women has reached 34.5% and 27.1 %. while diabetes affects 5.7% of women and 2.9% of men.

In South Easl Asia, with an average life expectancy of about 60 years, CVDs and cancer are now the two leading causes of mortality. Hypertension has been found in India, Indonesia and Thailand to affect up to 15% of the population. Diabetes, while low in rural areas, reaches industrialized-country proportions in urban populations. Up to 20% of the population in some countries of the region carry a potentially significant haemoglobin mutation that could leade' to' life-long adverse health consequences.

The Eastern Mediterranean region is a classic example of countries in the midst of epidemiological transition: increasing rates of obesity, accompanied by a growing prevalence of hypertension and diabetes-. Another feature of the region is elevated rates of consanguineous marriages, which are associated with high risk of genetic disorders.

In China, the biggest country of the WHO Western Pacific region, there is high prevalence of cancer and CVDs with extremely high mortality rate from strok. In 1993-94, among urban Chinese men between 25 and 30 years of age. for example, the incidence of cardiovascular disease was 450 per l00000 inhabitants, while among urban women the corresponding figurestood at 336 per 100000.

In absolute figures, the major non communicable diseases—CVDs. cancer, diabetes, chronic respiratory diseases and hereditary disorders—are responsible for some 19 million deaths worldwide annually, with both the developed and developing world sharing the burden more or less equally.

As life expectancy increases and fertility rates decline, the overall burden of NCDs is expected to increase, especially in developing countries. Even today, many of them are already facing double affliction: the newly emerging health problems of an ageing population, and continuing high rates of communicable disease.

Given the present trends, scientists project-an explosion of non-communicable diseases in developing countries between now and the year 2015. By then, for example, the ratio of deaths from NCDs to deaths from infectious and parastic diseases will be l:l in Africa both for male and female, l:l and 2:1 respectively in the Middle East, 4:1 and 4:1 in Asia, 6:1 and 4:1 in Latin America. According to these projections, in developing countries in general three times more people will die from NCDs than from infectious and parasitic diseases.

*The tusk: addressing common risk factors*

Four of the most prominent non-communicable diseases—cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes mellitus—are linked by common preventable risk factors related to lifestyle. These factor are tobacco use, unhealthy diet and physical inactivity. Actions to prevent these diseases should, therefore, focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is essential for prevention because the casual risk factors are deeply entrenched in the social and cultural framework of the society.

*The regional strategy: three main objectives*

To map the emerging epidemics of non-communicable diseases and to analyze the social, economic, behavioural and political determinants of the diseases with particular reference to poor and disadvantaged populations.

To reduce the exposure of individuals and populations to the major determinants of non-communicable diseases and to prevent the emergence of preventable common risk factors.

To strengthen health care for people with non-communicable diseases by supporting health sector reform and cost-effective interventions, with .emphasis on primary health care.

*The thrust: suneillance, prevention and management*

The key components.of the regional strategy may briefly be summarized as:

surveillance of non-communicable diseases and its determinants,

prevention with an aim to reduce the burden of premature mortality and disability due to such diseases, and

health care innovations and health sector reform which address needs arising from the epidemic.

*The priority: an intensified and sustained campaign*

WHO is calling for an 'intensified and sutained' global campaign to raise awarness, to encorage healthy lifestyles and modifications of risk factors. WHO emphasizes international and national collaboration and muliisectoral, cooperation, involving governmental institutions, health authorities, the mass media, communities, non-governmental organizations, medical and voluntary organizations, the private sector, professionals and individuals.

*Conclusion*

The rapid increase in the elderly population will mean a rapid rise in the numbers of people suffering from non-communicable diseases. Maintaining health and quality of life in an aging population will pose a social and economic challenge for policy makers, the society and individuals alike. There is a need .for strong political will and commitment for policies and strategies to prevent risk factors and reduce the burden of morbidity and mortality from non-communicable diseases in the Region. Only then can Member Countries hope to significantly improve the quality of life of their communities and reap the benefits of development.

**News-Item "Ayurvedic, Herbal Markets Slack..."**

4132. SHRI P. PRABHAKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-items capiioned, "Ayurvedic, herbal markets slack: lack of 'initiative and awareness kills exports", which appeared in ihe Asian Age. dated the 9th April, 2002;

(b) if so. Government's reaction thereto; and

(c) the measures proposed to be adopted to address the problems raised in the news-item?

THE MINISTER OF STATE IN THE MINISTRY OF HEATLH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir, Government is aware of the news-item published in Asian Age dated 9-4.2002. Government has taken various steps to promote export of Ayurvedic, herbal drugs preparations:

(i) Labelling provisions under the Drugs and Cosmetics Rules 1945 have been relaxed to meet the requirements of importing countries for marketing of Ayurvedic/herbal medicine in the importing countries.

(ii) Gazette Notification on Good Manufacturing Practices (GMP) In "schedule T" for Ayurvedic medicine has been notified which will improve the quality of medicine and help to meet the requirements for the importing countries.

(iii) Rule 60 (A) to (J) has been amended under the Drugs and Cosmetics Rules to recognize Public/Private drug Testing laboratories for testing